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CONFIRMATION NO. 7470

SERIAL NUMBER 10/681,473	FILING DATE 10/08/2003 RULE	CLASS 623	GROUP ART UNIT 3732	ATTORNEY DOCKET NO. DEP 5169
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APPLICANTS

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** CONTINUING DATA *****

This appln claims benefit of 60/417,294 10/09/2002

OK AL

** FOREIGN APPLICATIONS *****

NONE AL

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 12/31/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Examiner's Signature: <i>Amelie Lerner</i> Initials: <i>AL</i>	MA	5	20	2

ADDRESS

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NEW BRUNSWICK, NJ

08933-7003

TITLE

Intervertebral motion disc having articulation and shock absorption

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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☐ 1.18 Fees (Issue)☐ Other☐ Credit